

Tailoring Pregnancy Prevention Programs to Stages of Adolescent Development

Stages of adolescent development

Adolescence can be summed up in one word: change. Only infants grow and change as rapidly and extensively as do adolescents. Understanding adolescent development—how children mature between the ages of 9 and 21, how those changes affect their families and other people around them, and how the surrounding culture and society influences that development—is critical to planning and implementing programs that can give teens the tools and skills they need to make and carry out responsible decisions.

Although adolescence is often discussed as one phase, teens actually pass through three distinct stages on their path to adulthood—early, middle, and late adolescence. Specific physical, cognitive, and social and emotional developments mark each of these stages. The changes that occur and the timing of those changes differ for boys and girls and vary greatly among individuals. However, in general, early adolescence is from the ages of 9-13, middle adolescence is from 13-16, and late adolescence is 16 and older.

Early adolescence

Physical changes and characteristics

Early adolescence is marked by significant physical changes. Girls develop breasts, grow underarm and pubic hair, and begin menstruating. Boys develop deeper voices, grow hair under the arms and around the genitals, and begin to show other physical signs of sexual maturity.

In response to these physical changes, young adolescents—girls in particular—begin to be treated in a new way by their families and by society. As their sexuality becomes more apparent, girls begin to feel differently about themselves and they engender new reactions from those around them. They may no longer be seen as just children, but as sexual beings to be protected—or targeted. Parents may become overprotective or begin to allow greater freedom.

EARLY ADOLESCENCE

9-13 years old

MIDDLE ADOLESCENCE

13-16 years old

LATE ADOLESCENCE

16 years old and older

These changes are complicated by the fact that girls mature at different ages.

Boys tend to receive less information about the physical changes that accompany their transition to manhood than do girls about their maturation. For example, school classes and parents will explain menstruation, but often leave out mention of wet dreams, erections, and ejaculation when talking to boys out of fear that these topics are too sexual or controversial. Boys may start to face pressure to differentiate themselves from their mothers and from female behavior. In addition, boys often face ridicule from peers if they are slower to develop physically.

Whatever the response from the people around them, girls and boys are treated differently as they move into adolescence because they look grown up and society has specific social expectations for how young men and women should behave.

These pressures can be difficult for teens to deal with, especially without guidance and support from caring, competent adults.

To further complicate this transition, recent studies have found that for some girls, adolescence is starting earlier. While the average age of onset of menstruation is close to 12.5 years, a small but growing minority of girls, particularly African American girls, are actually beginning to menstruate as early as age 8 (Marano, 1997).

For these children, the shift in how they are treated by the people around them may be even more difficult to cope with. New data from the National Longitudinal Study on Adolescent Health has found that looking older than one actually is constitutes a risk factor for early intercourse, although it does not place one at higher risk of teen pregnancy (Blum and Rinehart, 1997).

Cognitive changes and characteristics

Most early adolescents still think predominantly in concrete terms. They relate information and experiences to what they currently know and have a hard time thinking about the future or about things they have never been exposed to. Their ability to think abstractly—to project into the future and to understand

KEYS TO EARLY ADOLESCENCE

- **significant physical/sexual maturation**
- **concrete thinking**
- **increasing influence of peers**
- **growing independence in decision-making**
- **transition from elementary to middle or junior high school**

KEYS TO MIDDLE ADOLESCENCE

- **continuing physical/sexual changes**
- **intense focus on body image**
- **beginning of capacity to think abstractly**
- **enormous influence of peers/school environment**
- **risk-taking**

intangible concepts—develops as adolescence progresses.

The fact that most early adolescents cannot think abstractly has important implications for program planning and necessitates different program approaches than would be created for older adolescents. For example, pregnancy prevention programs that ask early adolescents to picture what future opportunities would be lost by becoming a teen parent will not be very effective with young people.

Social and emotional changes and characteristics

In the early teen years, the values that children have learned from their parents begin to be tested by peers. Peers start to exert a stronger influence, and young teens will begin to be preoccupied with how their peers dress and behave. Young adolescents will start to experiment with their identity, trying out different ways of acting and seeing how people around them react to these various strategies.

Young teens also begin to enjoy more freedom to make their own decisions and may receive less ongoing supervision. Because they have little experience with the consequences of their

actions, early adolescence can be a time when risks are taken unknowingly. These young teens may not appreciate the potential impact of their actions.

Young adolescents may also experience a transition within the school setting from elementary school to middle and junior high school. Middle and junior high school brings with it increased responsibility and independence for which some young people are not prepared. For some young teens, a difficult transition to middle school and an unsuccessful middle school experience increases the likelihood that they will drop out of school. This is associated with a higher risk of teen pregnancy. Young people experiencing difficulty in school merit special attention.

Middle adolescence

Physical and cognitive changes and characteristics

Middle adolescents are portrayed most frequently in the media and thought of by most adults as the “typical teenager.” In this stage, the physical changes continue. Middle adolescents begin to develop the capacity to think abstractly, but it will be several years before those habits of thought are firmly established.

One day a middle teen is able to think long-term and project his or her thinking far into the future. The next day, he or she is back at a very concrete level, focused on the here and now, the day to day.

Social and emotional changes and characteristics

Teen girls, in particular, become extremely susceptible to the cultural messages they receive about appropriate body size and grooming. One observer of contemporary teen women comments: “In the twentieth century, the body has become the central

personal project of American girls” (Brumberg, 1997). While a large percentage of American girls report dieting behavior as early as the 4th grade, middle adolescents sometimes develop eating disorders and other body image disturbances. Increasingly, boys in our society are also receiving pressure to look a certain way and some boys are also experiencing eating disorders and other body image problems.

FIELD NOTES

Tips for working effectively with teens

Ensure that program staff are trained in adolescent development, are comfortable with adolescents, and refrain from stereotyping teens.

Allow teens to develop outreach and marketing materials for programs. This will ensure that posters, flyers, and advertisements are in teen-friendly language and are culturally appropriate.

Appreciate the pressures and issues faced by today’s teens. Provide opportunities to discuss these broad struggles and not just the single issue on which a program focuses.

Be sure program hours are convenient and that appropriate stipends, food, transportation money, or incentives are offered for participation.

Assure confidentiality to teens, and let them know up front if something cannot stay confidential. Teens are more likely to open up to adults when they trust that what they say or do will remain confidential.

Coordinate efforts with other youth-serving providers to try to eliminate duplication of services and to give young people the comprehensive information, skills, and opportunities they need to successfully negotiate adolescence.

Teens' focus on physical attractiveness is heightened by the huge effect of peers on one another during this stage of development. Parents and their beliefs now may be secondary to the norms and pressures—both positive and negative—of a teenager's peer group. Research has found that groups of friends have a greater influence than a best friend and that teens who choose positive peer groups fare much better than those who choose groups that may influence them to engage in negative behaviors.

Parents can also have an effect on how teens deal with friendships. An effective parenting style in helping to moderate peers' influence is an "authoritative parenting style" that combines control and warmth (McIntosh, 1996)—that is, parents who maintain a close, warm relationship with their teen and who set and monitor reasonable limits for his or her behavior.

For many teens at this stage of development, school can become a less hospitable place. More than 80 percent of public school students in grades 8-11 say that they have been the recipient of unwelcome sexual comments or advances, usually from another student (Blum and Rinehart, 1997). More than 12 percent of students report that they have carried a weapon to

school in the past month (Blum and Rinehart, 1997).

This is particularly problematic because "school connectedness"—a student's school attendance and perceptions that she or he gets along with and is close to teachers and students, and feels that other students are not prejudiced—can protect against many harmful behaviors, such as too early intercourse, emotional distress, suicidal thoughts and attempts, violence, cigarette use, alcohol use, and marijuana use (Blum and Rinehart, 1997). Young people who are being harassed or fear violence in school settings are less likely to remain connected and feel positive about that setting and are at risk for dropping out. This, in turn, puts young people at higher risk of early and unprotected sex.

Risk-taking is often associated with middle adolescence. Adults who work with youth must keep in mind that risk-taking behavior has positive as well as negative aspects. Adolescence is an appropriate time for trying new things and taking new risks. However, adolescents have often been portrayed as taking extreme, ill-considered risks. In fact, research shows that adolescents are about as good at assessing the actual risks of a situation or action as are their parents. This recent work

KEYS TO LATE ADOLESCENCE

- **physical/sexual changes complete**
- **capacity for abstract thought in place**
- **adult cognitive functioning**
- **family influence in balance with peer influences**
- **transition to work, college, independent living**

suggests that helping parents to be better judges of risk will also help young people.

Late adolescence *Physical, social, emotional, and cognitive changes and characteristics*

Late adolescence is often thought of as early adulthood in our culture. Teens in this stage

are beginning to take on adult roles and responsibilities and may be living independently from their families. The physical changes of adolescence are complete. At this stage, family influence comes into balance with messages from peers. Most older adolescents have developed a sense of identity and a sense of both their similarities and their differences from parents. Late adolescents are firmly rooted in abstract thinking. They are thinking about the future and functioning, cognitively, as adults.

Reaching all teens: programs and educational strategies

Experience over many years and types of programs has shown that a few key program techniques and basic education strategies can help to increase the effectiveness of a teen pregnancy prevention effort.

Helpful program characteristics *Provide both single and mixed-gender settings*

Many communities have debated the pros and cons of programs that work exclusively with girls or boys rather than dealing with

sexuality and related issues in mixed-gender settings. Those who promote single-gender programs point out the studies on girls in the classroom, which show that young women are often interrupted by young men or are not called on to speak as frequently. Those who advocate mixed-gender settings point out that for young people to successfully navigate their relationships with each other, they must be given opportunities to practice communicating in program settings. Without these opportunities,

young women may be left without the skills they need to deal with real-life situations.

Include a diversity of teens in programs as participants and peer educators

One key skill needed by adolescents is the ability to deal with difference and diversity in an increasingly pluralistic world. Programs that use a diversity of peer educators will appeal to a wider range of young people in the community. Sexually active youth, abstinent youth, and teen parents all have powerful messages to send to other young people.

Give teens strong role models

Role models for young people can help young women resist messages about passivity and stereotypical feminine behavior, and young men resist messages that emphasize conquest.

Girl Power!, an initiative of the U.S. Department of Health and Human Services, seeks to give young women a positive set of role models and a sense of broad possibilities. Program components, which include public service announcements and other materials featuring female athletes and other role models, were developed nationally but can be used locally in communities to begin building support for strong, assertive behavior on the part of young women.

The director of the Boston's **Youth Education and Development Program**, a school-linked initiative sponsored by the Urban League, credits his four young male staffers—who dress in suits and ties, speak professionally, and do not raise their voices—with attracting to the program young men who seek to emulate them.

Help teens postpone sexual intercourse

Postponing sexual intercourse is an important goal for any program that seeks to reduce teen pregnancy. Programs that have been most successful in achieving this goal are those that begin working with youth before they become sexually active, starting as early as late elementary or early middle school.

Reducing the Risk was one of the first sexuality education curricula to be rigorously evaluated. The evaluation found that among students who had not initiated intercourse before the class, the curriculum significantly reduced the likelihood that they would have had intercourse 18 months later. Among these students, effects seem to have extended across a variety of subgroups, including whites and Latinos, and lower-risk and higher-risk youths.

Promising educational strategies

Many promising strategies and techniques can be used to develop educational components for pregnancy prevention programs.

Involve teens in their own learning

Experiential learning techniques that get participants to role play, engage in small group discussion and decision-making, or require them to experience some activity are more effective than traditional educational approaches that rely on lectures.

Help teens examine their values and beliefs

Adolescents need opportunities to examine their own beliefs and attitudes. They also need a chance to develop the skills they will need to adopt healthy behaviors. Many programs simply provide information. In order to prevent pregnancy, young people need to explore their values and attitudes about relationships, sexuality, and personal goals and to have those beliefs challenged by people who care about them. They also need the skills to refuse unwanted sexual behavior and to communicate with

members of the opposite sex. They must be able to carry out their decision to avoid sex or to obtain and use contraception.

Effective education will give young people the opportunity to practice refusal, communication, and negotiation skills. It will also give them the chance to think about what they would do if faced with a sexual situation.

Make materials and examples relevant to the audience

Some curricula give examples of what young people can do on dates, such as go to the mall or go out to dinner, but these examples will not help people living in certain areas or people who do not have any money. Other programs have scripted role-plays that may use language that adolescents find silly.

Programs need to be adapted to fit the age, geographical area, and teen culture of the participants. Even more important, programs should be ethnically appropriate and relevant.

Use instructors who are comfortable with the course material

Educators may need additional training related to sexuality, pregnancy prevention, or the particular groups with whom

THE BOTTOM LINE OF SUCCESSFUL PROGRAMS

Make them participant-centered, not planner-centered.

People remember about 10 percent of what they read and 20 percent of what they hear, but they remember nearly 90 percent of what they do.

they will work. Any program that deals with pregnancy prevention will bring up questions and issues related to sexuality. Educators must be comfortable dealing with the topics and providing referrals for further information when these issues arise.

Work with what participants already know

Repeating information that is already familiar to teens or jumping into information without laying a foundation will be ineffective. Programs should set up a mechanism for finding out about the group in advance or develop a quick assessment that can be used at the beginning of

a workshop to get a feel for what people already know and what they want to learn.

Match written materials to the literacy level of participants

Written materials for lower literacy groups should include many illustrations and appropriate vocabulary. If written materials are used as part of an exercise, the facilitator should read the selection out loud or suggest that someone in each group read aloud so that any participants who are unable to read can still get the benefit of the activity.

Reaching early, middle, and late adolescents: programs and educational strategies

Young people will turn to whatever opportunities exist that give them a feeling of being connected, important, and valued. When positive outlets do not exist, it is more likely that teens will look to less socially desirable ways of meeting their needs.

Successful youth development and enrichment programs that focus on sexuality and

pregnancy prevention need to be structured around the techniques and strategies outlined above. They also need to be focused on the specific needs and characteristics of the teens they serve. The following table describes strategies that programs can use to focus on early, middle, and late adolescents.

Early adolescents

Start programs younger. The groundwork for prevention must be laid in the early adolescent years. Early adolescents need tools and skills to deal with the messages they are already hearing.

Take concrete thinking into account. Focus on familiar, real-life situations, not abstract future possibilities (such as “what would your life be like if you had a baby”). Ask young teens to practice communication, decision-making, and negotiation skills using the situations they face every day.

Give the same information to boys and girls. Young teens need information about the other gender as well as their own. One reason for inappropriate language or activity around sexuality issues is that a person may be seeking answers to questions.

Teach about healthy and unhealthy relationships. This is a good time to help young teens think about the qualities friends should have, what healthy and hurtful friendships look like, and how to choose enhancing, not risky relationships. Program examples: **Best Friends** and **S.N.E.A.K.E.R.S.** (See Resources).

Middle adolescents

Use peer educators. Given the importance of peers for this group, peer educators can help create social norms around abstinence and contraception. Their modeling of good coping, negotiating, and decision-making behaviors can have a strong impact.

Include opportunities for safe risk-taking. Programs can provide protected settings for middle teens to take physical risks (ropes courses, field trips to new places, new types of activities) and emotional risks (role plays). These opportunities can help teens build relationships and learn about trust, responsibility, sharing feelings, expressing needs, and weighing and taking risks. Program example: **Outward Bound** (See Resources).

Help parents stay connected to their teens. Middle teens need independence as well as careful supervision. Parents struggle with finding this balance and with a sense of loss as their child grows up. Programs should allow parents to vent these feelings and provide opportunities for adults and teens to be together. Program example: **Growing Together** (See Resources).

Take cognitive changes into account. Programs need to be attuned to middle teens’ shifts between concrete and abstract thinking. Hands-on learning is good; lectures are ineffective.

Late adolescents

Reach 18- and 19-year-olds where they are. Look beyond colleges. Reach late adolescents through their workplaces, churches, community organizations.

Use the media. TV, radio, advertising, print, and the Internet can be used to reach this audience and to illustrate the importance of establishing oneself before becoming a parent. Use media to publicize pregnancy prevention services and resources.

Re-cast ages 18 and 19 as part of adolescence. Most concern about teen pregnancy focuses on girls younger than 17. However, most teen pregnancies occur to 18- and 19-year-olds. Older adolescents also need the message that it is better to wait until one is established before having a baby.

Conclusion

A clear understanding and appreciation of adolescent development is necessary to implement effective prevention efforts. “One size fits all” programs are not as effective. When planning, programs need to consider the age range of participants. While the chronological ages in this chapter are general guidelines, particular teens will vary from this framework based on their experiences and background.

The key is to assess what the young people in a particular target population need, try out an intervention, and then continuously evaluate whether the program is meeting participants’ needs and moving toward goals consistent with delaying pregnancy.

When programs match the developmental needs of adolescents and make use of effective teaching techniques, working with youth can be rewarding, powerful, and effective in reducing adolescent pregnancy.

References

Blum, R., & Rinehart, P.M. (1997). *Reducing the risk: Connections that make a difference in the lives of youth*. Minneapolis, MN: University of Minnesota Division of General Pediatrics and Adolescent Health.

Brumberg, J.J. (1997). *The body project*. New York: Random House.

Marano, H.E. (1997, July 1). Puberty may start at 6 as hormones surge. *New York Times*, pp. C1.

McIntosh, H. (1996, June). Adolescent friends not always a bad influence. *APA Monitor*.

National Commission on Adolescent Sexual Health. (1995). *Facing facts: Sexual health for America's adolescents*. New York: SIECUS.

Programs mentioned in this chapter

Best Friends

The Best Friends Foundation
Ann Hingston, National Program
Director
4455 Connecticut Ave. NW, Suite 310
Washington, DC 20008
(202) 822-9266
Fax: (202) 822-9276
www.bfriends.org

Best Friends is a nationwide program that teaches adolescent girls about the importance of friendship and abstinence from sex, drugs, and alcohol.

Girl Power!

Eileen R. Frueh, Campaign Manager
U.S. Department of Health and
Human Services
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686
Fax: (301) 468-7374
www.health.org/gpower

Girl Power! is a national public education campaign sponsored by the Department of the Health and Human Services to help encourage and empower

9- to 14-year-old girls to make the most of their lives.

Growing Together

Girls Inc.—National Resource Center
Bernice Humphrey, Director, Healthy
Girls Initiative
441 West Michigan St.
Indianapolis, IN 46202
(317) 634-7546
Fax: (317) 634-3024
www.girlsinc.org

Girls Inc., a national youth development program, has created **Growing Together**, a four- to five-session curriculum that seeks to delay the onset of teen sexual activity by fostering mother/daughter communication.

S.N.E.A.K.E.R.S.

Crystal Holland, Program Director
Florence Crittendon Services of
Greater Washington
815 Silver Spring Ave.
Silver Spring, MD 20910
(301) 565-9333
Fax: (301) 565-0872

S.N.E.A.K.E.R.S. uses small group work to build relationships between participants and explores a variety of

aspects of growing up and forming friendships and romantic relationships.

Outward Bound

0110 Southwest Bancroft St.
Portland, OR 97201-4050
(800) 547-3312
Fax: (503) 274-7723
www.pcobs.org

Outward Bound provides many opportunities for rigorous outdoor experiences that teach young people about taking physical risks and learning about trust and responsibility.

Reducing the Risk

ETR Associates
PO Box 1830
Santa Cruz, CA 95061-1830
(408) 438-4060
www.etr.org

Reducing the Risk: Building Skills to Prevent Pregnancy, STD, and HIV is a classroom-tested program emphasizing that teens should avoid unprotected intercourse through abstinence or consistent and effective use of protection.

Youth Education and Development Program

Urban League
E. Franklin Miller
Program Director
Urban League of Eastern
Massachusetts
88 Warren St.
Roxbury, MA 02119
(617) 442-4519